

# **EXHIBIT A**

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OHIO

IN RE: NATIONAL PRESCRIPTION ) MDL NO. 2804  
OPIATE LITIGATION )  
)  
This Document Relates to All Cases )  
) Master Docket Case No. 1:17-md-2804  
)  
) Hon. Dan Aaron Polster

**NAS PLAINTIFF FACT SHEET**

Plaintiff: \_\_\_\_\_  
(Last Name) (First Name)

In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. Please answer every question and do not leave any blanks throughout this Fact Sheet. If you do not have room in the space provided to complete your answer, please attach as many sheets of paper as necessary to fully answer the questions.

The term “communication” and/or “correspondence” shall mean and refer to any oral, written or electronic transmission of information, including, without limitation, meetings, discussions, conversations, telephone calls, memoranda, letters, e-mails, text messages, conferences, or seminars or any other exchange of information.

The term “identify” or “identity” with respect to persons, means to give, to the extent known, the person’s full name, their present or last known addresses and phone numbers.

The term “person” means natural person, as well as corporate and/or governmental entity.

The terms “Relating to,” “relate to,” “referring to,” “refer to,” “reflecting,” “reflect,” “concerning,” or “concern” shall mean regarding, concerning, discussing, embodying, describing, summarizing, containing, constituting, showing, mentioning, reflecting, pertaining to, dealing with, relating to, referring to in any way or manner, or in any way logically or factually, connecting with the matter described in that paragraph of these demands, including documents attached to or used in the preparation of or concerning the preparation of the documents.

The term “you” refers to the named plaintiff.

The term “Birth Mother” refers to the woman who gave birth to the individual claiming injury from neonatal abstinence syndrome.

The term “NAS Plaintiff” refers to the minor plaintiff on whose behalf the named plaintiff has brought this lawsuit and who claims to have suffered neonatal abstinence syndrome and related injuries.

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**I. CASE INFORMATION**

1. Name of person completing this form:

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_

2. State the current case caption/number for the civil action which you filed:

\_\_\_\_\_

3. State your address, telephone numbers, and e-mail address:

- a. Address:

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

- b. Home Telephone (xxx)xxx-xxxx: \_\_\_\_\_ Mobile (xxx)xxx-xxxx: \_\_\_\_\_

- c. Primary e-mail: \_\_\_\_\_

4. If you are completing this questionnaire in a representative capacity, on behalf of the NAS Plaintiff, please state the following:

- a. Individual or estate you are representing: \_\_\_\_\_  
and in what capacity you are representing the individual or estate:

\_\_\_\_\_

- b. If you were appointed as a representative by a court, state the court:

\_\_\_\_\_

- c. Date of appointment (mm/dd/yyyy): \_\_\_\_\_

- d. State your relationship with the represented person:

\_\_\_\_\_

**II. BIRTH MOTHER INFORMATION**

1. Provide the following information about the Birth Mother:

- a. Full Name (First, Middle, Last): \_\_\_\_\_

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- b. Any other names (*e.g.*, maiden name or alias) the Birth Mother has used or by which the Birth Mother has been known and the dates she used those names:

Name: \_\_\_\_\_ Dates Used (dd/mm/yyyy): \_\_\_\_\_

- c. Social Security Number (xx-xxx-xxxx): \_\_\_\_\_

- d. Address: \_\_\_\_\_

- e. State how long the Birth Mother has lived at her present address:  
Number, in years \_\_\_\_\_

2. The Birth Mother's Date and Place of Birth: \_\_\_\_\_

3. Is the Birth Mother currently, or has she ever been, married? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "yes," for each spouse, please state the following:

| Name of Spouse<br>(First, Last, MI) | Date of Birth<br>(mm/dd/yyyy) | Current or<br>Last Known<br>Address | Date Marriage<br>Began<br>(mm/dd/yyyy) | Date Marriage<br>Ended<br>(mm/dd/yyyy) |
|-------------------------------------|-------------------------------|-------------------------------------|--|--|
|                                     |                               |                                     |  |  |
|                                     |                               |                                     |  |  |

4. Does the Birth Mother have any other children who were born with birth defects or other health conditions present at birth? For each such child, list the following:

| Child's Name<br>(First) | Date of Birth<br>(mm/dd/yyyy) |
|-------------------------|-------------------------------|
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5. Identify the following information for each high school, college, university, vocational school, or other educational institution the Birth Mother has attended:

| Name of School | Address | Dates of attendance<br>(mm/yyyy-mm/yyyy) | Degree Awarded |
|----------------|---------|--|----------------|
|                |         |  |                |
|                |         |  |                |
|                |         |  |                |

6. For the Birth Mother's current employer (or her last employer if unemployed) and each employer for the last ten (10) years, state the following:

| Name of Employer | Address of Employer | Approx. Dates of Employment<br>(mm/yyyy-mm/yyyy) | Occupation/Job Title | Supervisor<br>(First, Last, MI) |
|------------------|---------------------|--|----------------------|---------------------------------|
|                  |                     |  |                      |                                 |
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|                  |                     |  |                      |                                 |

7. If the Birth Mother has been convicted of a felony in the last ten (10) years, state:

- a. the nature of the crime: \_\_\_\_\_
- b. date of the crime: \_\_\_\_\_
- c. location of the crime: \_\_\_\_\_

8. If the Birth Mother has been convicted of any crime involving the use, possession, or sale of any controlled substances, including prescription opioids, state:

- a. the nature of the crime: \_\_\_\_\_
- b. date of the crime: \_\_\_\_\_
- c. location of the crime: \_\_\_\_\_

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9. Have you or the Birth Mother ever posted or written anywhere on the internet about Defendants, any medications manufactured, sold, distributed, or dispensed by Defendants, including opioids, or the injuries she or you allege were caused by Defendants' prescription medications, including but not limited to, posting on a personal website, blog, Facebook account, Linked In account, or other social media?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "yes," then identify:

the web address or name and type of social media:

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### III. INSURANCE AND CLAIM INFORMATION

1. Identify any person, insurance company, or other entity, including Medicare or Medicaid, that provided medical coverage to the Birth Mother (either directly or through group coverage, including any employer) or paid medical bills on her behalf, beginning seven years before the birth of the NAS Plaintiff through the present.

| Name of Entity | Policy Number | Name of Policy Holder/Insured | Approx. Dates of Coverage<br>(mm/yyyy-mm/yyyy) |
|----------------|---------------|-------------------------------|--|
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|                |               |                               |  |

2. Identify any person, insurance company, or other entity, including Medicare or Medicaid, that provided medical coverage to the NAS Plaintiff (either directly or through group coverage, including any employer) or paid medical bills on the NAS Plaintiff's behalf, beginning from the NAS Plaintiff's birth through the present.

| Name of Entity | Policy Number | Name of Policy Holder/Insured | Approx. Dates of Coverage<br>(mm/yyyy-mm/yyyy) |
|----------------|---------------|-------------------------------|--|
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3. In the past 10 years, has the Birth Mother filed social security disability claims (SSI or SSD) or filed a disability claim with a private insurer?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "yes," please state:

Year the claim was filed: \_\_\_\_\_

With whom and where the claim was filed: \_\_\_\_\_

Nature of disability: \_\_\_\_\_

Period of disability: \_\_\_\_\_

**IV. BIRTH MOTHER MEDICAL BACKGROUND AND SOCIAL HISTORY**

1. *Other than prescription opioids*, for each prescription medication the Birth Mother has taken regularly (*i.e.*, over the course of one month or more) in the ten (10) years prior to giving birth to the NAS Plaintiff, identify the following information:

| <b>Name of Prescription Medication Used on a Regular Basis</b> | <b>Name and Address of Doctor(s) that Prescribed the Medication</b> | <b>Name and Address of Pharmacy at which the Prescription was Filled</b> | <b>Approximate dates/years taken</b> | <b>Why Birth Mother was taking the Medication</b> |
|--|---|--|--------------------------------------|---|
|  |   |  |                                      |   |
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2. Has the Birth Mother ever used tobacco in any form one (1) year before or at any time after the birth of the NAS Plaintiff?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "yes," check the answer and state the following:

\_\_\_\_\_ Birth Mother is a **past** tobacco user

Type(s) of tobacco used: \_\_\_\_\_

Date on which Birth Mother began using tobacco: \_\_\_\_\_

Date on which Birth Mother ceased using tobacco: \_\_\_\_\_

Amount of tobacco used: \_\_\_\_\_ per day for \_\_\_\_\_ years.

\_\_\_\_\_ Birth Mother is a **current** tobacco user

Type(s) of tobacco used: \_\_\_\_\_

Date on which Birth Mother began using tobacco: \_\_\_\_\_

Amount of tobacco used: \_\_\_\_\_ per day for \_\_\_\_\_ years.

3. Did the Birth Mother ever consume alcohol in any form in the time period between one (1) year before and the birth of the NAS Plaintiff?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "yes," complete the answer below that best describes the Birth Mother's alcohol consumption in the time period between one (1) year before and one (1) year after the birth of the NAS Plaintiff:

\_\_\_\_\_ drinks per week; or

\_\_\_\_\_ drinks per month; or

\_\_\_\_\_ drinks per year; or

Other (describe alcohol consumption): \_\_\_\_\_

4. Excluding opioids, did the Birth Mother consume any recreational drugs (or prescription drugs used for a nonmedical purpose) in any form in the time period between one (1) year before and two (2) years after the birth of the NAS Plaintiff?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "yes," list the drug type, amount, and date of consumption: \_\_\_\_\_

\_\_\_\_\_



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5. Has the Birth Mother ever been the subject of an investigation by Child Protective Services (or similar social services agency) relating to the custody of her children?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "yes," describe the reason: \_\_\_\_\_

\_\_\_\_\_

**V. BIRTH MOTHER OPIOID INFORMATION**

1. To the extent a licensed healthcare provider prescribed opioids to the Birth Mother (including medication-assisted therapy during the Birth Mother's pregnancy), please provide:

Diagnosis supporting the prescription: \_\_\_\_\_

Opioid prescribed: \_\_\_\_\_ Dates taken: \_\_\_\_\_

Prescribing Healthcare Provider: \_\_\_\_\_

Prescribing Healthcare Provider address: \_\_\_\_\_

Dispensing Pharmacy: \_\_\_\_\_

Dispensing Pharmacy Address: \_\_\_\_\_

Diagnosis supporting the prescription: \_\_\_\_\_

Opioid prescribed: \_\_\_\_\_ Dates taken: \_\_\_\_\_

Prescribing Healthcare Provider: \_\_\_\_\_

Prescribing Healthcare Provider address: \_\_\_\_\_

Dispensing Pharmacy: \_\_\_\_\_

Dispensing Pharmacy Address: \_\_\_\_\_

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2. State the following information related to the Birth Mother's use of non-prescribed opioids, including any prescription pills used without a prescription written to the Birth Mother and any heroin or street fentanyl.

Non-prescribed opioid used: \_\_\_\_\_

Frequency used: \_\_\_\_\_ Dates taken: \_\_\_\_\_

Non-prescribed opioid obtained from: \_\_\_\_\_

Non-prescribed opioid used: \_\_\_\_\_

Frequency used: \_\_\_\_\_ Dates taken: \_\_\_\_\_

Non-prescribed opioid obtained from: \_\_\_\_\_

Non-prescribed opioid used: \_\_\_\_\_

Frequency used: \_\_\_\_\_ Dates taken: \_\_\_\_\_

Non-prescribed opioid obtained from: \_\_\_\_\_

3. Please provide the following information regarding any witnesses to the Birth Mother's use of prescribed or non-prescribed opioids use:

| Witness Name | Witness Address | Opioid Use Witnessed (Type of Opioid and Relevant Dates) |
|--------------|-----------------|--|
|              |                 |  |
|              |                 |  |
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**VI. BIOLOGICAL FATHER INFORMATION**

1. Provide the following information about the NAS Plaintiff's biological father:

a. Full Name (First, Middle, Last): \_\_\_\_\_

b. Any other names the biological father has used or by which he has been known and the dates he used those names:

Name: \_\_\_\_\_ Dates Used (dd/mm/yyyy): \_\_\_\_\_

c. Social Security Number (xx-xxx-xxxx): \_\_\_\_\_

d. Address: \_\_\_\_\_

2. Did the biological father ever consume alcohol in any form in the time period between one (1) year before and the birth of the NAS Plaintiff?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "yes," complete the answer below that best describes the biological father's alcohol consumption in the time period between one (1) year before and one (1) year after the birth of the NAS Plaintiff:

\_\_\_\_\_ drinks per week; or

\_\_\_\_\_ drinks per month; or

\_\_\_\_\_ drinks per year; or

Other (describe alcohol consumption): \_\_\_\_\_

3. Did the biological father consume any recreational drugs (or prescription drugs used for a nonmedical purpose), including non-prescribed opioids, in any form in the time period between one (1) year before and two (2) years after the birth of the NAS Plaintiff?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "yes," list the drug type, amount, and date of consumption: \_\_\_\_\_

\_\_\_\_\_

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**VII. NAS PLAINTIFF CLAIM INFORMATION**

1. Do you allege that you represent an individual that suffered, or is currently suffering from, physical and/or bodily injury as a result of neonatal abstinence syndrome?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If “yes,” describe the physical and/or bodily injuries, and state whether the NAS Plaintiff currently suffers from the injury:

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2. Do you claim that the Birth Mother’s use of opioids during pregnancy caused any psychological, psychiatric (including depression), cognitive or mental injury to the NAS Plaintiff? If “yes,” describe the psychological, psychiatric, cognitive or mental injury:

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3. Do you claim that the Birth Mother’s use of opioids during pregnancy caused any physical injury or birth defect to the NAS Plaintiff? If “yes,” describe the physical injury or birth defect:

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4. Do you claim that the Birth Mother's use of opioids during pregnancy caused any developmental delay type injury to the NAS Plaintiff? If "yes," describe the developmental delay type injury:

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**VIII. NAS PLAINTIFF MEDICAL PROVIDERS AND HOSPITALIZATIONS**

1. Identify the name and address of the NAS Plaintiff's current family and/or primary care physician:
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- 
2. Identify all healthcare providers who examined, treated, or provided consultation to the NAS Plaintiff from the NAS Plaintiff's birth to the present for any reason, and for each consultation, examination, or treatment, state the following information:

| Healthcare Provider's Name | Healthcare Provider's Specialty | Address | Approx. Dates/Years of Visits | Reason for Visit |
|----------------------------|---------------------------------|---------|-------------------------------|------------------|
|                            |                                 |         |                               |                  |
|                            |                                 |         |                               |                  |
|                            |                                 |         |                               |                  |
|                            |                                 |         |                               |                  |

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3. For each hospitalization at any time from birth to the present, state the following information:

| <b>Name of Hospital</b> | <b>Address and Telephone Number of Hospital</b> | <b>Admission Date(s)</b> | <b>Reason for Admission</b> |
|-------------------------|---|--------------------------|-----------------------------|
|                         |   |                          |                             |
|                         |   |                          |                             |
|                         |   |                          |                             |
|                         |   |                          |                             |

4. Identify the following for each pharmacy that has dispensed medication for the NAS Plaintiff since birth:

| <b>Name of Pharmacy</b> | <b>Address of Pharmacy</b> | <b>Telephone Number of Pharmacy</b> | <b>Name of medication dispensed</b> | <b>Approx. Dates/Years You Used Pharmacy</b> |
|-------------------------|----------------------------|-------------------------------------|-------------------------------------|--|
|                         |                            |                                     |                                     |  |
|                         |                            |                                     |                                     |  |
|                         |                            |                                     |                                     |  |

5. Identify all social services providers (including social workers, early childhood educators, child protective services employees, or other home visitors) who have evaluated, provided care or treatment for, or otherwise interacted with the NAS Plaintiff from birth to the present for any reason, and for each evaluation, consultation, examination, or treatment, state the following information:

| <b>Social Services Provider's Name</b> | <b>Social Services Provider's Specialty</b> | <b>Address</b> | <b>Approx. Dates/Years of Interaction</b> | <b>Reason for Interaction</b> |
|--|---|----------------|---|-------------------------------|
|  |   |                |   |                               |
|  |   |                |   |                               |
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**IX. DOCUMENTATION**

1. **Documents in your possession:** If you have any of the following materials in your possession (and they are not subject to any privilege including but not limited to attorney client protection or work-product), please attach a copy to this Fact Sheet.

A. A copy of any document constituting the appointment of you or the named plaintiff as a representative of the NAS Plaintiff.

B. All diagnostic tests and test results, including original films or video of ultra sounds, MRIs, x-rays, CT scans, etc., taken of the NAS Plaintiff from birth to the present.

C. Copies of all documents from physicians, healthcare providers, social services providers, or others related to the NAS Plaintiff's neonatal abstinence syndrome and alleged injuries.

D. All statements obtained from or given by any person having knowledge of facts relevant to the subject of this litigation in your possession (excluding information subject to the attorney-client privilege or work product protection).

E. All documents relating to the NAS Plaintiff's neonatal abstinence syndrome and alleged injuries, including, but not limited to medical records, medical bills, prescriptions, diaries, notes, rehabilitation instructions, etc., whether made by you or any other person or entity, other than your attorney in this action.

F. All photographs, drawings, slides, or videos, relating to the NAS Plaintiff's alleged injury and the limits the alleged injury has placed on the NAS Plaintiff's life.

G. All journals, diaries, notes, letters, or emails written by you, the birth mother or the NAS Plaintiff from the NAS Plaintiff's birth to the present.

2. **Authorizations:**

A. Please sign and attach to this Fact Sheet the authorizations for release of records appended hereto for all healthcare providers and social services providers listed in your responses to this Fact Sheet.

B. Please attach to this Fact Sheet a copy of each authorization for the release of records that you have submitted to any health care provider listed in this fact sheet.

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**PLAINTIFF VERIFICATION**

Pursuant to 28 U.S.C. §1746, I declare under the penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date